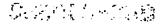
MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

263-040582

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB	م	MEND	ED		Adiatra Compared Compared Primary Registration District No. 3040 Registrat's No. 3340
VS 300	9			1	a. COUNTY Livings ton 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before a. STATE Missourt COUNTY Livings ton admission)
Rev. 4/59	12	- {	1 1	1	b. CITY (If outside corporate limits, give TOWNSHIP only) Length of stay in 1b C. CITY OR Inside Limits
	AMENDED			1_	TOWN Chillicothe 50 yrs. TOWN Chillicothe Yest No [
10595				1	c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Chillicothe hospital Yes (Yes (3x No ())) Yes (3x No ()) Inside Limits d. STREET ADDRESS 9202 Calhoun St. Yes () No () Yes (3x No ())
20595	DATE	1	11	۱	institution Chillicothe hospital Yes 🔀 No 🛘 920 g Calhoun St. Yes 🗆 No 🕏
3				-	3. NAME OF DECEASED RUTH LILLIAN LINVILLE OF DEATH Oct. 10, 1963
4 /				1 -	5. SEX 6. COLOR OR RACE 7. Married Never Married B. DATE OF BIRTH 9. AGE (last birthday) IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.
5 0				f_	Fem. White Whome 5/5/1892 71
	الم	į		1	0a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and state or country) 12. CITIZEN OF WHAT COUNTRY during most of working life, even if retired)
- \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	š		1		School teacher Public schools Livingston, Co.Mo. USA
7 0	á				
N - 1	1 1	-			Jefferson D. Linville Ruth Reeves XX 5. WAS DECEASED EVER IN U.S. ARMED FORCES? IN SOCIAL SECURITY NO. 17. INFORMANT Address
- - 2/ 8	€			ı	Yes, no, or unknown) (If yes, give war or dates d
4/501 la	¥		_	₌ -	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:
10 1	- 1	- }	IAAEN	ِ پَ	IMMEDIATE CAUSE (a) Carenona & Cived
11	5 0			3	IMMEDIATE CAUSE (a)
	HIS KEU			3	Conditions, if eny,) DUE TO (b)
12/-0	2 2	1	1 1	1	which gave rise to above cause (a),
13 / 6		+	+-1		stating the under- lying cause lest. DUE TO (c)
	5			Z	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal part III. If deceased was female was there a pregnancy in last 90 days.
1	2			NOTA	
NO.	NOWE			7,502,10	19. WAS AUTOPSY PERFORMED? YES NO.22 20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Énter nature of injury in PART I or PART II of Item 18.)
RIBBON	AME			140103	20c. TIME OF Hour Month, Day, Year INJURY s.m.
INK IBBC		1	1		20d. INJURY OCCURRED WHILE AT WORK 20e. PLACE OF INJURY (e.g., in or about home, WHILE AT WORK STATE
-		Ì		1	NOT WHILE AT WORK CALLEGARE CALLEGARE
BLACK OR RITER R	READ			ı	21. I attended the decessed from 4-17-62 to 10-10-63 and last saw her elive on 10-10-63 8:10 Property of the best of my knowledge, from the causes stated.
				1	Death occurred at on the date stated above, and to the best of my knowledge, from the causes stated.
USE	SHOULD			Ļ	22a. SIGNATURE V (Degree or title) 22b. ADDRESS. 1. 22c. DATE SIGNED
USE BLAC OR TYPEWRITER	돐		1 1		Morwell, M.D. Chillierthe 110 10-11-65
-	<u> </u>	Н-	4-13	₹ .	3a. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) (State)
	Ö		1	=	BUT13. 10/13/63 Anderson cemetery Livingston Co., Mo.
\	ITEM				Donald Gordon, Chillicothe, Mo. Of 11.1963
İ	=			ቜ፞፞፟፞፞፞፞፞፞፟፟፟፟፟፟፟፟፟፟፟፟፟፟	
					(Licensed Embalmer's Statement on Reverse Side)



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STATEMENT BY LICENSED EMBALMER

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.